**HEALTH COMMITTEE: MINUTES:**

**Date:** Thursday 10th July 2014

**Time:** 2.00 p.m. to 5.00 p.m.

**Present:** Councillors Bourke, P Brown, Dent, Frost, Giles, Jenkins, Nethsingha, Orgee, Sales, Schumann, Scutt, Smith and Wisson

Councillor Carter, Huntingdonshire District Council
Councillor Ellington, South Cambridgeshire District Council

**Apologies:** Councillors Clapp and Rylance
Councillor Roberts, Cambridge City Council

## 24. DECLARATIONS OF INTEREST

There were no declarations of interest.

## 25. MINUTES 19TH JUNE 2014

It was resolved to approve the minutes

## 26. PETITIONS

No petitions were received

## 27. HEALTHCARE PUBLIC HEALTH ADVICE SERVICE TO CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP (CCG): 2013/14 ANNUAL REPORT AND 2014/15 MEMORANDUM OF UNDERSTANDING

Officers introduced the Healthcare Public Health Advisory Service (HPHAS) annual report and Memorandum of Understanding. The HPHAS is a mandated statutory public health service to be provided by upper tier local authorities. Its role is to provide an advisory service to the CCG, with decision-making responsibility remaining with the CCG. Staff time put into the service follows the benchmark in national Department of Health guidance, and consists of the equivalent of two full time public health consultant posts: plus supporting analytical and research officer time.

In response to member questions, officers explained that discussions were being held with the CCG about a process for dealing with a situation where the benchmarked capacity could be insufficient to respond to the level of demand for advice from the CCG.

Members suggested that Section 8 of the Memorandum of Understanding on dispute resolution should include a statement that all avenues for reaching a resolution would be explored before going to independent mediation. Members requested that future reports on this topic include a list of acronyms.

It was resolved:

a) To note the 2013/14 annual report of the Cambridgeshire County Council (CCC) Local Authority Healthcare Public Health Advice Service to the CCG
b) To approve the 2014/15 memorandum of understanding between CCC and the CCG.

## 28. SMOKING CESSATION SERVICES: EFFICACY AND COST EFFECTIVENESS

The report which was submitted in response to a request by the Committee, provided an overview of the smoking cessation service, evidence of its impact and cost-effectiveness, and how it was responding to the challenges it faced in reducing smoking prevalence, including in the North of the County.

The following points were made in discussion:

- Estimated smoking prevalence figures were taken from the integrated household survey, and were based on a sample of the general population across a district. They therefore did not identify any differences between localities or population groupings within a district. The high prevalence in Fenland was linked to the social and economic profile of the population. It was noted that the estimated smoking prevalence figures for Fenland had a very wide confidence range – between 23.4% and 35.7% of the population, and the lower limit of the confidence range was still above the national average.

- Members commented that a higher proportion of the funding for smoking cessation than at present should be invested in Fenland, in line with the higher smoking prevalence. Officers noted that smoking cessation services provided by GPs in Fenland, and core services such as training were not fully reflected in the breakdown of funding for the different districts. More investment in smoking cessation in Fenland was planned, which included a wide range of interventions, some of which were starting in 2014/15. The need to address the wider environmental factors associated with smoking, such as lower education and lower income and rural isolation, and to work with communities, was recognised.

- There was a high prevalence of smoking among migrant workers, and the public health team were working with Fenland District Council and the Rosmini Centre to reach this grouping.

- The cost-per-quit figures use a national benchmark, which excludes the cost of pharmacotherapy. Officers were reviewing their analysis of the costs of the service.

- Cambridgeshire's smoking cessation performance was comparable to that of other local authority areas with a similar profile.

- The point at which councils would know that they had succeeded in reducing smoking prevalence as far as they could had not yet been identified.
- Members commented that the prevalence of smoking outside Hinchingbrooke Hospital was detrimental to the campaign to stop people smoking. Officers noted that the public health team were discussing with the hospital how it could develop its

policy on smoking on the site. It was suggested that members raise this issue when they had a liaison meeting with Hinchingbrooke.

- The availability of e-cigarettes had reduced the number of people using the Camquit service. Officers explained that there was as yet no firm evidence as to the safety of e-cigarettes, the extent to which they helped people give up smoking, or whether they led people to start smoking. This was currently being researched nationally.

  Members requested more information on the impact of the reduction in the numbers using smoking cessation services on the cost-per-quit figures, for Cambridgeshire and nationally. Specifically members asked that officers provide cost-per-quitter figures for previous years to make meaningful comparison possible.

  It was noted that the financial impact of smoking on the wider economy was far greater than the cost of providing the smoking cessation service.

- As 90% of smokers start before the age of 19, prevention work among young people was key. The public health team had some school-based programmes, including Kick Ash, and smoking was also covered in the Personal, Social and Health Education (PSHE) programme in schools. There was a need to create an environment of understanding of the dangers of smoking, including among young people.

It was resolved to note the report.

## 29. CONSULTATION ON THE INTRODUCTION OF REGULATIONS FOR STANDARDISED PACKAGING OF TOBACCO PRODUCTS

Officers presented the draft Council response to a national Department of Health consultation on the introduction of regulations for standardised packaging of tobacco products. The proposals, which are based on evidence, aimed to reduce the likelihood of young people taking up smoking, which is highly addictive, by making packs less attractive to children.

The standardised packs would be olive green and of a standard size, with health messages prominently displayed, and the brand name shown in a pre-designed format.

The regulations would also apply to imported tobacco products sold in the UK

Members commented that:

- The response should state more clearly the range of disadvantaged groups that were particularly vulnerable to smoking initiation, such as children and young people, including young women, some people with disabilities and people with mental health issues.

- It was suggested that e-cigarettes should be included in the plain packaging initiative, as there was a genuine issue around the normalisation of smoking.

It was resolved:

To approve the response to the consultation, with the inclusion of the following:

- A more comprehensive list of the disadvantaged groups who are particularly vulnerable to smoking initiation
- A suggestion that the Government consider standardised packaging for e-cigarettes.

## 30. FINANCE AND PERFORMANCE REPORT – MAY 2014

The report set out the latest finance and performance information for public health for the 2014/15 financial year up to the end of May 2014.

Officers noted that the figures for the overall position showed a negative variance in expenditure under some budget headings. This reflected the fact that some invoices from the 2013/14 financial year had not yet been received. The position would be clearer by the time of the next report.

It was resolved to note the report.

## 31. FINANCE AND PERFORMANCE REPORT – OUTTURN 2013/14

The report set out the final outturn finance and performance information for public health for 2013-14. While performance had been on or above target in some areas, such as the provision of Long Acting Reversible Contraception (LARC), and the health trainer service, performance in relation to health checks and smoking cessation were areas of concern. The end of year underspend of £749k in the Public Health directorate was the result of underperformance in these two areas, recruitment delays, and provision for financial risks that had not materialised. There were also underspends in the public health grant allocations to other directorates. All the underspends would be carried forward to 2014/15 within the relevant services.

Members asked whether the targets should be reduced, or replaced by a combination of lower targets and stretch targets, in view of the fact that performance was below target in a number of areas. It was also noted that targets generally became more difficult to meet over time. Officers responded that they did not wish to reduce the targets for health checks or for smoking cessation, as performance had been better in the past. The impact of e-cigarettes on uptake of the smoking cessation service might however need to be taken into account when setting targets in future.

It was resolved to note the report.

## 32. SERVICE COMMITTEE REVIEW OF THE BUSINESS PLAN

The report provided an overview of the context and process for the 2015-16 Business plan for public health, which included savings that had been identified in relation to GP Health Inequalities, Community Sexual Health, Public Health Intelligence external costs, and Weight management services.
The procurement of the weight management services would be reported to the September Committee meeting.

The Chairman commented that there had been a suggestion from Cambridgeshire Community Services NHS Trust that the procurement of the weight management service be delayed pending the outcome of the Clinical Commissioning Group's procurement of older people's healthcare services. Officers explained that the service, which was currently delivered by a number of agencies, was not primarily for older people, but would cover children and adults of all ages. The intention was to provide a community based service, and equalise provision across the county.

It was resolved that:

Officers work with members of the Health Committee to develop more detailed proposals for presenting to the Health Committee on 11th September and 16th October 2014.

## 33. CORPORATE RISK REGISTER: UPDATE

The report set out the Council's risk management policy and procedure, and the public Health Directorate Corporate Risk Register. Officers explained that the risks, their probability and impact, and actions to mitigate these, were identified through consideration of the evidence and reviewed quarterly by the public health management team.

Members commented that the scores for Risk 1 "Failure to reduce health inequalities, particularly in the north of the County" appeared too low in view of the fact that health inequalities within the county remained high.

It was resolved that:

Officers review the risk score in relation to failure to reduce health inequalities, particularly in the north of the County.

## 34. DEVELOPMENT OF SHARED PUBLIC HEALTH PRIORITIES

The report summarised the process for developing shared priority outcomes for public health in a strategic way across the work of the Council, to inform business planning for 2015/16. While the Health Committee has delegated responsibility for public health, much of the delivery sits with other Council committees. Examples include the role of Economy, Transport and Environment in promoting walking and cycling, or the work of the Learning Directorate.

The Health Committee had previously identified public mental health, the public health impact of transport and access, and addressing health inequalities as important areas, and this would be fed into the discussion with other directorates.

Members commented that:

- There should be clear links to the above priorities in the business plan, and it should be clear how they relate to future reports to the Committee on specific issues such as smoking cessation

.

- The cost-effectiveness of specific public health proposals should be made clear in the business plan.

Officers noted that although levels of physical activity were low in Fenland, much of the Council's infrastructure spend on encouraging walking and cycling was in Cambridge and the south of the County.

It was resolved to:

- Endorse the proposed approach to development of shared priority outcomes for public health
- Request that a report with more detailed proposals was brought to Health Committee on 11th September 2014.

## 35. COMMISSIONING OF OLDER PEOPLE'S HEALTHCARE AND ADULTS COMMUNITY SERVICES: OUTCOME OF CONSULTATION

The following officers attended for this item:

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jessica Bawden, Director of Corporate Affairs
Matthew Smith, Programme Lead, Older People
Dr Arnold Fertig, Clinical Lead, Older People
Susan Last, Assistant Director Public Engagement

The main purpose of the CCG's consultation was to test out the outline proposals from the bidders for the service, who could amend their proposals in the light of the consultation response. There were now three shortlisted bidders, who had received previous interim consultation feedback reports, and were due to submit their final proposals by the end of July. These would be evaluated during August.

Officers summarised the themes, issues and recommendations arising from the consultation, which were set out in the CCG report. They highlighted that mental health had come through as a strong theme. Bidders were also being asked to take into account the recommendations from the 2013 review of delayed discharge and discharge planning undertaken by the previous Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC).

The CCG proposed that further work was carried out with the Committee's Commissioning of Older People's Healthcare Working Group to enable them to verify that bidders had taken the consultation responses into account. The CCG found the involvement of the working group very helpful in testing their processes.

Councillors expressed concern about the late circulation of the large volume of papers, which meant that not all Committee members had time to read the content. In future they would like to receive written feedback from working groups to which specific functions had been delegated. The Chairman offered to hold an additional meeting of the Committee to discuss the reports if members considered it appropriate.

The Chairman reported that the working group had met and looked at the CCG's draft response in detail. The working group felt that the CCG's recommendations had taken account of the AWHOSC consultation response, which had included the main recommendations from the delayed discharge review. In particular, the CCG recommendations included:

- a request that the bidders take into account the previous committee's member-led review on delayed discharge.
- a 24/7 single point of access, which was popular with the public
- a stronger commitment on mental health, which was a major area of concern for the public and the Committee
- a recognition of the need to avoid a predatory or loss leader bid, and to rigorously test the realism of any bids, as requested by the committee
- a recognition of the importance of the contract being as transparent as possible, with a recommendation that performance information is made publicly available.
- a response to public concerns about data protection
- a recognition of the need to ensure that there was adequate capability within the CCG to interpret and make use of complex clinical and patient flow data to manage the contract effectively.

The CCG had also responded to the working group's request for a spreadsheet which would put on the record what changes had taken place as a result of the consultation.

The following points were made in discussion

- Members suggested that all bidders be asked if they were willing to submit to public processes such as Freedom of Information requests and the Ombudsman, as private sector organisations were not required to do so.

- There was a process of escalation included in the contract if there was a performance issue, with a sequence ranging from a warning through to termination of the contract. The CCG considered that the contract management process was robust.

  A proportion of the payment under the contract was linked to achievement of the outcomes.

- Members commented that the CCG had taken into account their concerns about sustainability in relation to finances and delivery.

- Officers and representatives of both the County and District Councils were involved in the procurement process through the programme board, and were included in a wider stakeholder grouping.

Members requested a seminar on the procurement of older people's services, which would be open to all members.

It was resolved that:

The Health Committee Commissioning of Older People's Healthcare working group:

- work with the CCG to ensure that the bidders have taken the former Adults Wellbeing and Health Overview and Scrutiny Committee and public consultation responses into account
- make a written report of its findings to the Committee on 11th September.

## 36. LOCAL HEALTH ECONOMY – 5 YEAR STRATEGIC PLAN

Dr Fiona Head, Consultant in Public Health, Cambridgeshire and Peterborough CCG attended for this item.

The report summarised the main issues contained in the Cambridgeshire and Peterborough health system blueprint which had been submitted to NHS England and the process for developing the 5 year strategic plan for the local health economy. The Health and Wellbeing Board was currently involved in the process, and the Committee might consider it as a scrutiny item once the strategic plan had been further developed.

Members commented that future reports should include a glossary.

It was resolved to note the report

## 37. LIFEWORKS AND COMMUNITY PERSONALITY DISORDER SERVICE CONSULTATION

### a) Proposals and update

Neil Winstone, Divisional Nurse Lead, Community Division, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) introduced the report, which updated members on the consultation that CPFT was undertaking on proposals for the Personality Disorder Services provided by CPFT, which ran between 4th June and 14th July 2014.

Agreement had been reached with the protesters at the Lifeworks premises in Tenison Road, Cambridge and the sit-in had ended on 7th July. The agreement consisted of two parts: provision of the Lifeworks service in Cambridge for a period of 5 years, and that service users, CPFT and others would develop a joint proposal for future funding to take to commissioners. There was a detailed project plan, and a stakeholder event in early August was being considered.

In response to member concerns about whether it was intended to extend the Lifeworks programme throughout the county in the long-term, Mr Winstone clarified that although the agreement only affected Cambridge, it was hoped that the joint proposal would extend the most valuable aspects of Lifeworks. CPFT wanted a more equitable service across Cambridgeshire and Peterborough.

With reference to paragraph 3.1 of the report, the Chairman clarified that the agreement to continue the provision of the Lifeworks service in Cambridge would not involve additional resourcing from the CCG, . CPFT and the CCG had both provided the

Chairman with emails confirming that this was the case. A bid for additional funds would be made if it was decided to try to provide a more comprehensive Lifeworks-type service county wide.

**b) Health Committee Working Group Report**

The working group had met with Neil Winstone and Pam Peters, Consultant, Personality Disorder Service to discuss issues and questions arising from the proposals. It was awaiting a written reply from CPFT to a number of outstanding questions before it submitted its consultation response. These included

- The clinical evidence base for providing users with a 12–week preparatory Mentalisation Based Therapy (MBT) treatment, when 70% of them will not receive the full 18-month MBT programme, and greater clarity about what these users would receive instead
- A clear illustration of the referral and treatment pathway, including timescales
- A clear account of what support was available to those discharged from the service

Mr Winstone agreed to extend the consultation deadline to enable the working group to respond when it had received CPFT's reply to its questions.

The working group would circulate its response to the Committee.

It was resolved to note the reports

**38. IMPLEMENTATION OF PROPOSALS FOR LIVER METASTASES SURGERY: WORKING GROUP**

The Committee was asked to nominate up to three members to a joint working group with Norfolk and Suffolk County Councils to follow up issues arising from NHS England's changes to the provision of surgery for liver metastases. This followed a local resolution meeting which had taken place on 2nd April 2014 between the former Joint Health Overview and Scrutiny Committee which had examined the proposals and NHS England.

It was resolved to:

Nominate Councillors Ashcroft, Dent and Jenkins to a joint working group with Norfolk and Suffolk County Councils to examine issues arising from NHS England's changes to the provision of surgery for liver metastases.

**39. HEALTH COMMITTEE AGENDA PLAN AND WORK PROGRAMME**

The report brought together member suggestions from discussion at previous Committee meetings, Spokes meetings, and the training seminar on 19th June. It included suggested Committee priorities and approach, and proposed liaison arrangements with NHS bodies.

Members commented that:

- The information request on mental health provision for people in prison should include a request for clarification on the respective responsibilities of the agencies concerned
- The suicide prevention strategy should include provision for people who attempt suicide; this can have a particular impact on women.
- Local members should be invited on visits to NHS organisations
- Planning and public health was an important issue, particularly in the current environment of growth. This included ensuring that GP surgery provision was addressed in new developments
- Working groups should feed back to the Committee systematically and in writing

It was suggested that the agenda plan include scrutiny of CPFT's performance and forward plan after the mental health working group had met with the CCG and CPFT.

It was resolved to:

a) Agree the Health Committee priorities and approach and the arrangements for liaison with NHS organisations
b) Request officers to bring delivery dates for the health inequalities elements of the Committee priorities to the Committee meeting on 11th September
c) Add planning and public health to the list of Committee priorities
d) Agree the forward agenda plan with the addition of the following items to the agenda for 11th September: Development of Shared Public Health priorities; Outcome of Lifeworks and Community Personality Disorder Service consultation; Commissioning of Older People's Healthcare and Adult Community Services; and the role of the Health Committee in relation to the transfer of responsibility for commissioning the health visitor service.
e) Establish a working group to examine and comment on emerging mental health plans and strategies, including the CCG overall mental health strategy, the public mental health strategy, and the suicide prevention strategy, consisting of Councillors Bourke, P. Brown, Orgee, Sales, Scutt, Smith and South Cambridgeshire District Councillor Ellington
f) Establish a working group to promote closer working between the Health Committee, Economy and Environment Committee, and Highways and Community Infrastructure Committee, consisting of Councillors Bourke, P Brown, Frost, Giles, Jenkins, Orgee, Nethsingha, Schumann and Wisson.
g) Establish a working group to liaise with Cambridgeshire and Peterborough CCG consisting of Councillors Bourke, Orgee, Schumann, South Cambridgeshire District Councillor Ellington and Huntingdonshire District Councillor Carter.
h) Arrange for the working groups to report back to the Committee in a systematic way.

## 40. HEALTH AND WELLBEING BOARD FORWARD AGENDA

It was resolved to note the report.

Chairman